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CONFIRMATION NO. 8275

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| SERIAL NUMBER 10/563,493 | FILING or 371(c) DATE 01/04/2006 RULE | CLASS 128 | GROUP ART UNIT 3771 | ATTORNEY DOCKET NO. SAIME 3.3-001 | | |
| APPLICANTS Philippe Chalignac, Acheres La Foret, FRANCE; ** CONTINUING DATA ***** This application is a 371 of PCT/IB04/02440 07/05/2004 which claims benefit of 60/495,922 08/18/2003 ** FOREIGN APPLICATIONS ***** FRANCE 0308187 07/04/2003 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/05/2006 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/QUANG D THANH/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY FRANCE | SHEETS DRAWINGS 3 | TOTAL CLAIMS 19 | INDEPENDENT CLAIMS 1 |
| ADDRESS LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK 600 SOUTH AVENUE WEST WESTFIELD, NJ 07090 UNITED STATES | | | | | | |
| TITLE Breathing assistance device | | | | | | |
| FILING FEE RECEIVED 1410 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |